

ISSUE SLIP STAMP (for administrative cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PA	70388	
O.I.P.E. CLASSIFIER		11	1/19
FORMALITY REVIEW		65703	1-28-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	4/19/01
2	10/3/02
3	11/28/02
4	11/28/02
5	11/28/02
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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